

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2248**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2248</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				f. STREET ADDRESS (If rural, give location) <u>2516 Quincy</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Etta</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Poindexter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 22 1955</u>	
5. SEX <u>FE.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)		8. DATE OF BIRTH <u>2-3-1875</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BUTLER, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN J. WALKER</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY J. GROVES</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM A. POINDEXTER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EVERETT POINDEXTER 2452 DENVER ST. N.C.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute posterior myocardial infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 21. DATE OF OPERATION 22. MAJOR FINDINGS OF OPERATION 23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 24, 1955</u> , to <u>May 22, 1955</u> , that I last saw the deceased alive on <u>May 22, 1955</u> , and that death occurred at <u>5:58P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B.I. Burns</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>5-23-55</u>	
24. BURIAL: CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>5-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DOUBLE BRANCH CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>BUTLER, MO.</u>	
DATE REC'D BY LOCAL REG. <u>5.24.55</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody McGee-Evlar</u>		ADDRESS <u>K.C. MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.